This document is the third monthly report of data collected from community services boards (CSBs) and partnership planning regions for fiscal year 2016 (FY 2016). There are 39 Community Services Boards and one Behavioral Health Authority in the Commonwealth, referred to in this report as CSBs. The following sections contain the summaries and graphs of the monthly data reported to DBHDS through September, 2015.

Community Services Boards (CSB's) collect and report data on exceptional events associated with emergency custody orders (ECO's), temporary detention orders (TDO's), and involuntary admissions under the new statutes effective July 1, 2014, as well as the factors contributing to these events. The Department of Behavioral Health and Developmental Services (DBHDS) requires this data to be submitted monthly by each CSB and geographic region. DBHDS also requires case-specific reports from individual CSB's within 24-hours of any event involving an individual who has been determined to require temporary detention for whom the TDO is not executed for any reason, whether or not an ECO was issued or in effect.

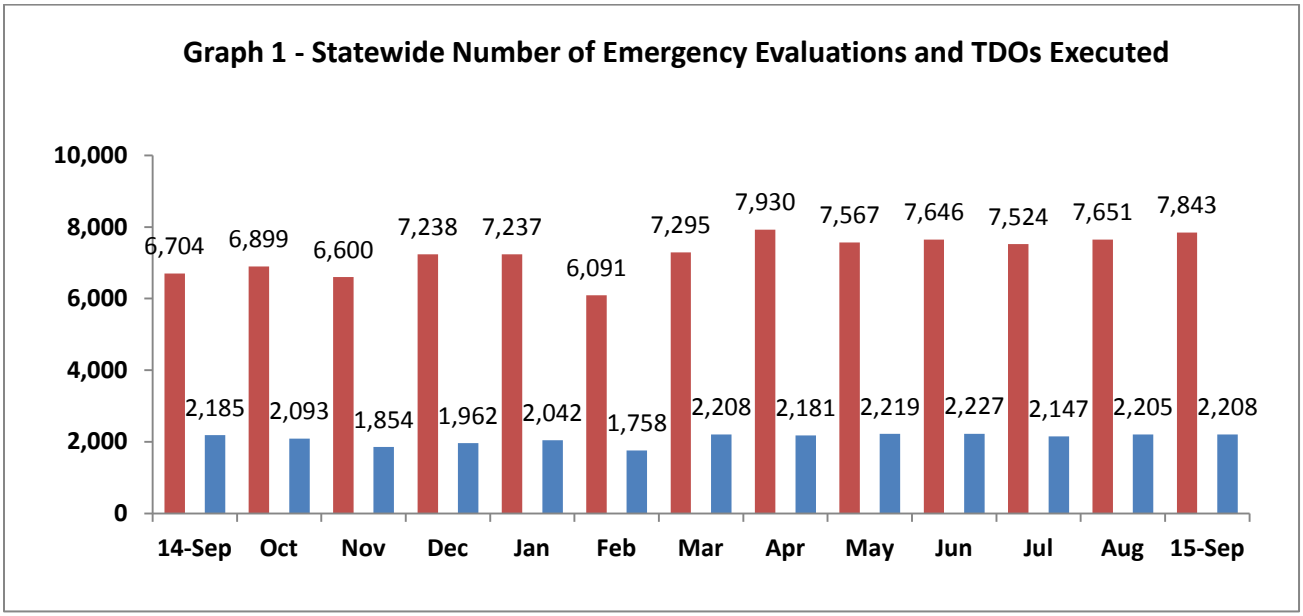
DBHDS has made formatting and content changes to the FY 16 report beginning in July 2015. The purpose of the formatting changes is to streamline the report and enhance the clarity, conciseness, and focus of the data presented. The report also no longer includes the number of emergency contacts state wide due to ongoing definitional challenges and variations in reporting. These variations are primarily a result of CSB emergency services receiving a combination of crisis and non-crisis calls which contribute to inconsistent reporting and skew the data. Finally, as a result of House Bill 1694 effective July 1, 2015 which eliminated the CSBs' responsibility for custody, the report no longer contains a section on execution of TDOs following the expiration of an ECO. Additionally, DBHDS learned that reporting on this element varied across the state and resulted in an inconsistent focus on certain CSBs. Any loss of custody or failure to receive inpatient treatment during after the expiration of the ECO will continue to be reported by the CSB within 24 hours and described in this report.

Previous reports are available on the Department of Behavioral Health and Developmental Services (DBHDS) website.

Graph 1. Emergency Evaluations and TDOs Executed

Emergency evaluations are comprehensive in-person clinical examinations conducted by CSB emergency services staff for individuals who are in crisis. The number of emergency evaluations reported statewide in September was 7,843, which is a 3% increase from August, 2015 that generally reflects a slight upward trend since July, 2015. A TDO is issued by a magistrate after considering the findings of the CSB evaluation and other relevant evidence, and determining that the person meets the criteria for temporary detention under § 37.2-809 or § 16.1-340.1 of the Code of Virginia. A TDO is executed when the individual is taken into custody by the law enforcement officer serving the order. In September, there were 2,208 executed TDOs, which is about the same as August, 2015. **About 72% of the emergency evaluations reported in**

September (5,635 of 7,843) did not result in a TDO. For the current report month, September 2015, there were an average of 261 emergency evaluations completed and about 74 TDOs issued and executed each day across the Commonwealth. Compared to the August counts, these figures were slightly higher. Graph 1 reports the numbers of evaluations and executed TDOs for September, 2015 and the preceding 12 months to show trends.



TDO Exception Reports

When certain high risk events occur during the evaluation and TDO process, CSBs report these incidents on a case-by-case basis as they occur. These involve individuals who are evaluated and need temporary detention, but do not receive that intervention. There were five such events in the September 2015 reporting period. Each of these events triggers submission of an incident report to the DBHDS Quality Team within 24 hours of the event. The Quality Team members are Daniel Herr, Assistant Commissioner of Behavioral Health, Stacy Gill, Director of Behavioral Health Services, and Mary Begor, Crisis Intervention Community Support Specialist. The reports describe the initial actions taken to resolve the event and prevent such occurrences in the future. In each case, the DBHDS Quality Team reviews the incident report and the actions of the CSB for comprehensiveness and sufficiency and responds accordingly if additional follow up is needed. CSBs continue to update DBHDS until the situation has resolved and follow up is completed. On a monthly basis, the Quality Team reports these events to the Behavioral Health Quality Review Committee which reviews follow-up actions for thoroughness and sufficiency, identifies, monitors, and analyzes trends, and oversees the implementation of continuous quality improvement measures.

The details of each of the five reported events are described below.

1. This individual was assessed while subject to an ECO. The determination of need for TDO was made however multiple hospitals declined the admission due to elevated lab values. The state facility accepted the individual; however, after a doctor to doctor consultation occurred, the attending physician decided to medically admit the individual. The TDO had been issued by the magistrate but was rescinded due to the medical admission. Upon completion of the necessary medical treatment, the individual was re-evaluated and a TDO was issued and executed.

2. This individual was assessed on a medical unit following an admission for medical treatment. There was no ECO. An evaluation by the CSB supported the need for a TDO and a TDO was obtained from the magistrate. Prior to the execution of the order, the individual became medically unstable and needed continued medical treatment so law enforcement declined to execute the order. The individual remained on the medical unit until stable and the order was executed within 24 hours of issuance.

3. This individual was evaluated on a voluntary basis after presenting to the emergency department. The evaluator determined the individual was in need of inpatient psychiatric treatment. When the evaluator informed the individual of this, the person became agitated and left the emergency department. The evaluator contacted law enforcement for assistance. Law enforcement declined to take the individual into custody as they had not heard the individual make any threats of harm to self or others. The CSB evaluator obtained an ECO from the magistrate. Law enforcement executed the order and returned the individual to the emergency department. The evaluators had a TDO issued and executed.

4. Law enforcement initiated an ECO and brought the individual to the emergency department. The CSB was notified of the ECO however medical staff initiated a Medical TDO prior to the CSB completing an assessment for a psychiatric TDO. The CSB staff attempted to maintain contact with the facility to conduct the necessary evaluation prior to the individual's release from the medical hospital; however, the individual was allowed to leave the hospital against medical advice and with no notification to the CSB. The CSB attempted to locate the individual with the provided information but was unsuccessful.

5. This individual was assessed in an emergency department at the request of the attending physician. The individual was not subject to an ECO. The evaluator determined the individual met the TDO criteria and began a bed search for a willing facility. The CSB contacted 33 private facilities and all declined the admission with one pending acceptance. The magistrate issued the TDO but it could not be executed until a temporary detention facility was located. A family member of the individual contacted the CSB evaluator to report being in route to the hospital and to report arrangements had been

made for the individual to be admitted to a psychiatric facility out of state. The CSB educated the family member on the involuntary commitment process in Virginia. The family member arrived at the emergency department and proceeded to escort the individual outside and into a car. The family member provided the name of the accepting facility out of state to the emergency department prior to leaving with the individual. The emergency department was able to confirm later on the same day the individual was admitted to that facility.

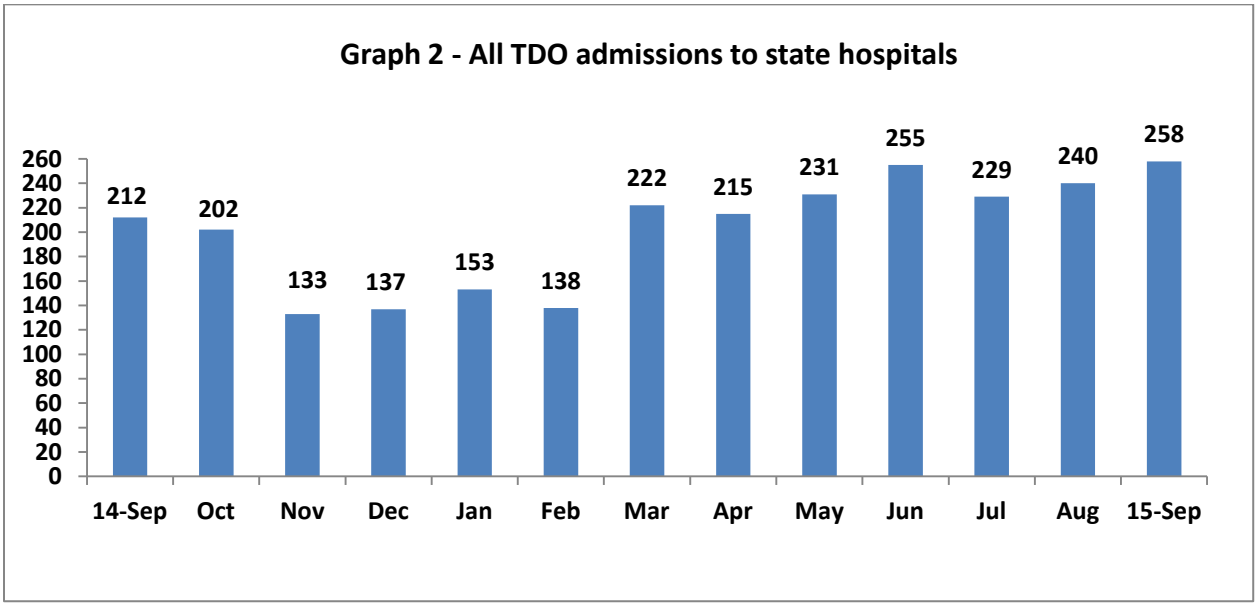
The DBHDS Quality Review Team reviewed each of these reports on the events as they were submitted. The team works with each CSB to ensure events are reviewed by the CSB and with community partners involved in the events to strengthen the safety of individuals determined to be in need of involuntary hospitalization. DBHDS provides technical assistance to CSBs on developing community partnerships with emergency departments and law enforcement. This includes analyzing each event in a community and adjusting practices to support individuals interacting with the involuntary commitment process in Virginia.

Graph 2: All TDO Admissions to State Hospitals

Under statutory provisions, when an individual is in emergency custody and needs temporary detention, and no other temporary detention facility can be found by the end of the 8-hour period of emergency custody, the state hospital shall admit the individual for temporary detention. CSBs are organized into seven Partnership Planning Regions to manage their utilization of state and local inpatient psychiatric beds. Each region has developed Admission Protocols outlining the process to be followed for accessing temporary detention facilities and for accessing the state hospital as a "last resort" facility for temporary detention.

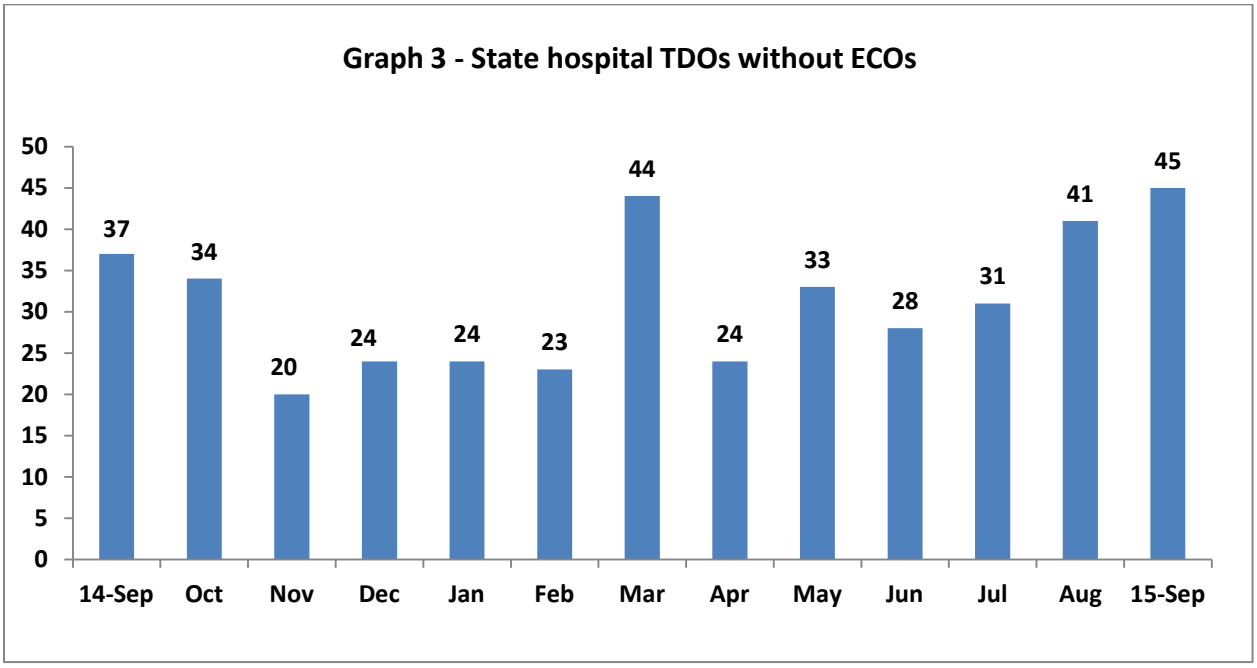
State hospitals can be used as a temporary detention facility for individuals not in emergency custody and in need temporary detention, and the admission would not be considered a “last resort” admission. State hospitals can also be utilized for temporary detention if the hospital is determined to be the facility of choice based on the individual’s specific needs. Of the 2,208 TDOs executed in September, 258 (12%) resulted in admission to a state hospital. [1]

[1] Source: DBHDS AVATAR admitting CSB data- Last Resort Data is collected by the CSBs and reported by the regions



Graph 3. State hospital TDOs without ECOs

As the hospital of "last resort", DBHDS facilities admit individuals who need temporary detention for whom no alternative placement can be found, whether or not the individual is under an ECO. CSBs report every "last resort" admission where no ECO preceded the admission, along with how many alternate facilities were contacted and the reason(s) for the inability to locate an alternate facility. In September, 2015 there were 45 such admissions to a state hospital, which is an increase of 10% from August, 2015 with a total of 479 contacts made for an average of about 11 alternate facilities contacted to secure these admissions. Eight were due to a lack of capacity of the alternate facilities contacted by the CSB, and 23 of the admissions were for specialized care due to the individual's age (children and adolescents or adults aged 65 and older). Other reasons for these admissions were diagnosis of intellectual or developmental disability, medical needs beyond the capability of the alternate facilities contacted, and behavioral needs exceeding the capabilities of the alternate hospitals contacted.


Graph 3 - State hospital TDOs without ECOs
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APPENDIX A

Partnership Planning Region	Community Services Board
1 Northwestern Virginia	Alleghany Highlands CSB Harrisonburg-Rockingham CSB Horizon Behavioral Health Northwestern Community Services Rappahannock Area CSB Rappahannock-Rapidan CSB Region Ten CSB Rockbridge Area Community Services Valley CSB
2 Northern Virginia	Alexandria CSB Arlington County CSB Fairfax-Falls Church CSB Loudon County Department of Mental Health, Substance Abuse and Developmental Services Prince William County CSB
3 Southwestern Virginia	Cumberland Mountain CSB Dickenson County Behavioral Health Services Highlands Community Services Mount Rogers CSB New River Valley Community Services Planning District One Behavioral Health Services
4 Central Virginia	Chesterfield CSB Crossroads CSB District 19 CSB Goochland-Powhatan Community Services Hanover CSB Henrico Area Mental Health & Developmental Services Richmond Behavioral Health Authority
5 Eastern Virginia	Chesapeake Integrated Behavioral Healthcare Colonial Behavioral Health Eastern Shore CSB Hampton-Newport News CSB Middle Peninsula-Northern Neck CSB Norfolk CSB Portsmouth Department of Behavioral Healthcare Services Virginia Beach CSB Western Tidewater CSB
6 Southern Region	Danville-Pittsylvania Community Services Piedmont Community Services Southside CSB
7 Catawba Region	Blue Ridge Behavioral Healthcare